

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

the Specification of which

- ☒ is attached hereto
☒ was filed on May 16, 1997
as Application Serial No. PCT/AU97/00304
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u> <u>NUMBER</u>	<u>PRIOR FOREIGN FILED APPLICATION(S)</u> <u>COUNTRY</u> <u>(MONTH/DAY/YYYY)</u>	<u>PRIORITY</u> <u>CLAIMED</u>
FN 9917	AUSTRALIA 17th May 1996	YES

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)

FILING DATE (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>U.S. Parent Application No.</u>	<u>PCT Parent Number</u>	<u>Parent Filing (MM/DD/YYYY)</u>	<u>Parent Patent Number (if applicable)</u>
	PCT/AU97/00304	16th May 1997	PN 9917

I hereby appoint as my attorneys or agents the following persons: Jack Matalon, (Attorney, Registration No. 22,441); Stefan J. Klauber (Attorney, Registration No. 22,604); David A. Jackson (Attorney, Registration No. 26,742); Michael D. Davis (Attorney, Registration No. 39,161); William C. Coppola (Attorney, Registration No. P41,686); Mark S. Cohen (Attorney, Registration No. P42,425); and Christine E. Dietzel (Agent, Registration No. 37,309), said attorneys or agents with full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so

made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

100 FULL NAME OF FIRST OR SOLE INVENTOR: PETER J MEIKLE

COUNTRY OF CITIZENSHIP: AUSTRALIA

FULL RESIDENCE ADDRESS: 98 HAINES ROAD, BANKSIA PARK, SOUTH AUSTRALIA, AUSTRALIA
Aux

FULL POST OFFICE ADDRESS: AS ABOVE

SIGNATURE OF INVENTOR P. Meikle

DATE 23 / 10 / 98

200 FULL NAME OF SECOND JOINT INVENTOR: DOUGLAS A BROOKS

COUNTRY OF CITIZENSHIP: AUSTRALIA

FULL RESIDENCE ADDRESS: 80 STROUD STREET, NORTH CHELTENHAM, SOUTH AUSTRALIA, AUSTRALIA
Aux

FULL POST OFFICE ADDRESS: AS ABOVE

SIGNATURE OF INVENTOR D. Brooks

DATE 23/10/98

300 FULL NAME OF THIRD JOINT INVENTOR: JOHN J HOPWOOD

COUNTRY OF CITIZENSHIP: AUSTRALIA

FULL RESIDENCE ADDRESS: 2 MONARTO COURT, STONYFELL, SOUTH AUSTRALIA, AUSTRALIA
Aux

FULL POST OFFICE ADDRESS: AS ABOVE

SIGNATURE OF INVENTOR J. Hopwood

DATE 23 OCT 98

Applicant or Patentee: WOMEN'S AND CHILDREN'S HOSPITAL
Serial or Patent No.: _____
Filed or Issued: _____
Title: EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

Attorney's
Do No.: 2325-1-002

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))--SMALL BUSINESS CONCERN

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN WOMEN'S AND CHILDREN'S HOSPITAL

ADDRESS OF SMALL BUSINESS CONCERN 72 KING WILLIAM ROAD, NORTH ADELAIDE, SOUTH AUSTRALIA, AUSTRALIA

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS by inventor(s)

PETER J MEIKLE, DOUGLAS A BROOKS, JOHN J HOPWOOD

described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING STEVEN R HOOD

TITLE OF PERSON IF OTHER THAN OWNER INTELLECTUAL PROPERTY MANAGER

ADDRESS OF PERSON SIGNING 72 KING WILLIAM ROAD

NORTH ADELAIDE SA 5006

SIGNATURE [Signature] DATE 28 OCTOBER 1994

Applicant or Patentee: WOMEN'S AND CHILDREN'S HOSPITAL
Serial or Patent No.: _____
Filed or Issued: _____
Title: EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS

Attorney's
Doc. No.: 2325-1-002

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) & 1.27(b))--INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office regarding the invention entitled EARLY DETECTION OF LYSOSOMAL STORAGE DISORDERS described in:

- ☒ the specification filed herewith.
☐ application serial number _____, filed _____
☐ patent number _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:*

- ☐ No such person, concern, or organization
☐ Persons, concerns or organizations listed below*

* Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME WOMEN'S AND CHILDREN'S HOSPITAL
ADDRESS 72 KING WILLIAM ROAD, NORTH ADELAIDE, SOUTH AUSTRALIA, AUSTRALIA
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

PETER J MEIKLE
NAME OF INVENTOR
P. Meikle
Signature of inventor
23/10/98
Date

DOUGLAS A BROOKS
NAME OF INVENTOR
D. Brooks
Signature of inventor
23/10/98
Date

JOHN J HORWOOD
NAME OF INVENTOR
J. Horwood
Signature of inventor
23 Oct 98
Date

NAME OF INVENTOR
Signature of inventor
Date

NAME OF INVENTOR
Signature of inventor
Date

NAME OF INVENTOR
Signature of inventor
Date